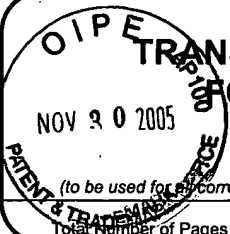



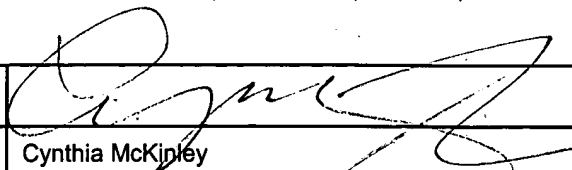
IFW 3521

PTO/SB/21 (09-04)

| | | |
|---|------------------------|-------------------------|
|  | Application Number | 09/841,883 |
| | Filing Date | April 24, 2001 |
| | First Named Inventor | Mougi, Masao |
| | Art Unit | 3621 |
| | Examiner Name | Salvatore A. Cangialosi |
| | Attorney Docket Number | 16869P-025800US |
| Total Number of Pages in This Submission | | 13 |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard |
| Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | | |

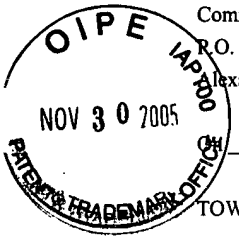
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature |  | | |
| Printed name | George B. F. Yee | | |
| Date | November 28, 2005 | Reg. No. | 37,478 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|---|------|-------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Signature |  | | |
| Typed or printed name | Cynthia McKinley | Date | November 28, 2005 |

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PATENT
Attorney Docket No.: 16869P-025800US
Client Ref. No.: 340000346US1

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



TOWNSEND and TOWNSEND and CREW LLP

By: _____

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Masao MOUGI et al.

Application No.: 09/841,883

Filed: April 24, 2001

For: PROGRAM LICENSE KEY
ISSUING METHOD AND ISSUING
SYSTEM

Customer No.: 20350

Confirmation No. 6133

Examiner: Salvatore A. Cangialosi

Technology Center/Art Unit: 3621

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 13, 2005, on the above-referenced application, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the Listing of Claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.